Falls: Falls Prevention and Harm Reduction

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Measure eligibility:	All hospitals who wish to participate in MQI are eligible to complete this metric (includes all inpatient units, ED, behavioral health facilities, cancer care centers and children's hospitals).
Clinical Rationale:	Falls are consistently listed as one of The Joint Commission's "Top 10" Sentinel Events reported to the database, with patient falls being the single largest reported harm in 2022. In the first half of 2023, approximately 47% of sentinel events reported to The Joint Commission were fall related events ([Becker's Clinical Leadership](#)). While extensive clinical research and adult evidence-based strategies in fall prevention exist, reducing injurious falls in the hospital environment remains a significant safety and quality challenge. Falls result in more than 3 million injuries treated in emergency departments annually, including over 800,000 hospitalizations ([CDC](#)). These falls result in approximately 250,000 injuries per year. Along with injuries, these falls often result in rehospitalization, decrease in function and independence, and an increased risk of morbidity and mortality, especially in the elderly. Also, falls place a heavy burden on patients and organizations with medical costs for fall-related injuries. The cost of treating injuries caused by falls is projected to increase to over $101 billion by 2030 ([American Journal of Lifestyle Medicine](#)). This cost is likely to increase with patient age. Among adults 65 years or older within Washington, falls are the leading cause of injury-related death for persons both in and out of the hospital per 100,000 people. For older adults in the U.S., fall death rates went up by 41% from 2012-2021[(CDC)](#). According to the WA Department of Health data, there has been a recent 0.48% decrease in fatal falls in men over the past 4 years, whereas we have seen an increase of 3.95% of our female counterparts in the same timespan([WA DOH Tracking Network](#)) **Selected References:** 1. Carr H., et.al. A system-wide approach to prevention of in-hospital newborn falls. American Journal of Maternal/Child Nursing. 2019; 44: 100-107 4. 2. Centers for Disease Control and Prevention. (2023, May 12). Facts about falls. Centers for Disease Control and Prevention. https://www.cdc.gov/falls/data-research/index.html 3. Houry, D., Florence, C., Baldwin, G., Stevens, J., & McClure, R. (2015, July). The CDC Injury Center's Response to the Growing Public Health Problem of Falls Among Older Adults. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4681302/pdf/10.1177 1559827615600137.pdf 4. Miner J. Implementation of a comprehensive safety bundle to support newborn fall/drop event prevention and response. Nursing for Women's Health. 2019; 23:327-339

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Definition:	NDNQI. (2020, January). Guidelines for Data Collection and Submission On Patient Falls Indicator.
Included Populations:	All acute care inpatients, observation patients, emergency room, neonates, pediatrics, maternal ward, behavioral health, rehabilitation units.
Exclusions:	No exclusions.
Fields to be reported:	The 2024 MQI Falls measure will comprise the three data elements that are required for all hospitals reporting to attain the quality improvement incentive including: 1. **All Falls** – total number of all facility falls, with or without injury (whether assisted by a staff member or not) 2. **Post Fall Huddle Completion** 3. **Age of patient** **Optional Full Data Reporting:** Hospitals might have existing Electronic Health Records (EHRs) systems set up to report **on all seven** data elements and may continue to submit on the elements utilizing QBS or QBS-Falls-Form-2023 v11_16. Please note that providing the monthly full data submission for falls is voluntary. **Below are the seven fall data elements.** Total number of each of the 7 identified categories in any licensed care area within the facility during the calendar month, including: • All Falls – total number of all facility falls, with or without injury (whether assisted by a staff member or not) • Post Fall Huddle Completion

	• Type of fall • New For BH is the intentional falls types for the 2023-2024 year. • Age of patient • Repeat Fall • Gender of patient • Location of fall Beginning in 2025, submissions will be every month for the entire calendar year.
Data Collection period:	July 1, 2024 - December 31, 2024
Reporting deadline:	30 days after the close of the performance period or by January 31, 2024.
Audits and validation: Do not change	Data are subject to audit by the state. WSHA will not audit but will complete a few basic validity checks.
Submission Frequency:	Monthly (every month for the six months of the performance period from July 1, 2024, to December 31, 2024). Beginning in 2025, submission will be every month for the entire calendar year.
Data collection system:	Washington State Hospital Association Quality Benchmarking System, QBS.
Data Scoring:	

Thresholds	All Falls	Post Fall Huddle Completion documented with each fall	Age of the Patient
Point Awards 2024	2 points	60-79% = 4 pts ≥ 80% = 5 pts	60-79% = 2 pts ≥ 80% = 3pts